



# Third Party Billing Authorization for Dual Enrollment Students

Student's Name \_\_\_\_\_

WMU ID Number (WIN) \_\_\_\_\_

## Student Procedures

1. Register for Classes.
2. Complete the "Registered Course(s)" section below.
3. Have your parent or legal guardian sign the form.
4. Take the completed form to the designated official for your school district.
5. School district will complete authorized reimbursement amount, and mail to the address below.

**NOTE:** This form must be completed for every semester the student is dual enrolled.

## Registered Course(s)

Semester/Session

Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer I 20 \_\_\_\_\_  Summer II 20 \_\_\_\_\_

Classes Course # / Title	Credit Hours	Authorized Reimbursement Amount	
		Percentage	or \$ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note:** Please review tuition and fee information at [www.wmich.edu/registrar/tuition](http://www.wmich.edu/registrar/tuition)

I understand that I am responsible to pay for any charges incurred by my child that are NOT covered by the school district.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

This student is eligible to attend only the courses listed above and it is agreed that this school district will reimburse WMU for the authorized amount.

\_\_\_\_\_  
High School Principal/Counselor Signature

\_\_\_\_\_  
Date

Send Invoice to:

School District \_\_\_\_\_ Gull Lake Community Schools \_\_\_\_\_

Attention \_\_\_\_\_ Kelly Morcombe \_\_\_\_\_

Street Address \_\_\_\_\_ 10100 East D Avenue \_\_\_\_\_

City/State/Zip code \_\_\_\_\_ Richland, MI 49083 \_\_\_\_\_

Telephone Number \_\_\_\_\_ 269.548.3411 \_\_\_\_\_

**Return the completed form to:**

Western Michigan University • Accounts Receivable • 1903 W Michigan Ave • Kalamazoo MI 49008-5210